

No. C 120503		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ST. MARIES CHIROPRACTIC, P.A. MARLENE K SAUNDERS HESS 533 MAIN AVE. ST. MARIES ID 83861-2060		MARLENE K SAUNDERS HESS 533 MAIN AVE. ST. MARIES ID 83861-2060			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARLENE K SAUNDERS-HESS	533 MAIN AVE.	ST. MARIES	ID	USA	83861-2060	
SECRETARY	JIM D HESS	533 MAIN AVE.	ST. MARIES	ID	USA	83861-2060	
5. Organized Under the Laws of: ID C 120503		6. Annual Report must be signed.* Signature: MKSaunders DC Name (type or print): MKSaunders DC Date: 06/17/2014 Title: President					
Processed 06/17/2014		* Electronically provided signatures are accepted as original signatures.					